

# COMPLAINT FORM

Complainant's Name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

**Please PRINT address, where problems exist, in this box.**

Describe problem(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please include any information (names, telephone numbers) that might help us resolve this matter.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

↓For Office Use Only↓

Assigned To \_\_\_\_\_ Date \_\_\_\_\_ Insp.Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Action Taken \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Inspector's Signature